

Utah Department of Workforce Services
Unemployment Insurance
140 East 300 South, PO Box 45288
Salt Lake City, Utah 84145-0288
TEL (801) 526-9235 option 2 • 1-800-222-2857 option 2 • FAX (801) 526-9377



**NONPROFIT ORGANIZATION
STATUS REPORT & ELECTION OF PAYMENT METHOD**

PLEASE READ INSTRUCTIONS THEN COMPLETE ALL ITEMS (TYPE OR PRINT LEGIBLY)

1. Type of Ownership: 9 Corporation 9 Other (specify):											
2. Name of Non Profit Organization and mailing address for quarterly contribution (tax) reports		4. Federal Employer ID Number (FEIN): <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
3. Telephone Number: () Fax Number: ()		5. County in Utah where principal activity is located:	6. Number of permanent Utah worksites:								
7. Mailing address & telephone number for wage and separation requests (if different from item 2): Telephone Number: () Fax Number: ()	8. Street address & telephone number of principal worksite in Utah (if different from items 2 or 7): Telephone Number: () Fax Number: ()	9. Mailing address & telephone number for Business Headquarters (if different from item 2): Telephone Number: () Fax Number: ()									
10. List organization officers names and social security numbers:											
Name	SSN	Name	SSN								
11. Describe in detail your principal business product and/or service:											
12. Has the Internal Revenue Service issued to your organization an exemption for Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code? 9 Yes If Yes, please attach copy of the exemption letter with this form and give date of the exemption letter: _____. 9 No If No, please explain why you have received no exemption:											
13. During the current, or preceding, calendar year has your organization employed four or more individuals for some portion of a day in each of twenty different weeks? 9 Yes If Yes, please complete the worksheet on page 3. 9 No If No, do you expect to employ four or more individuals in the future? 9 Yes 9 No If Yes, Estimated date: _____											
14. If you are a new business in Utah, show date started:		15. Date of first payment of wages in Utah:									
16. Did you acquire the organization, trade, or business of another operation? 9 Yes If Yes, what is the date of acquisition: _____. Please complete questions 16a thru 16f. 9 No If No, please skip items 16a to 16f and move to item 17.											
16a. Please provide the name, address and Unemployment Insurance employer ID number or FEIN of previous organization.											

16b. Type of acquisition: ☐ Change of ownership ☐ Merger or reorganization ☐ Sale, lease or sub-lease
☐ Purchased assets through court ☐ Other, please explain:

16c. Did you acquire all or a portion of the previous organization? ☐ 90% or more ☐ Less than 90%

16d. Did you retain all of the previous organization employees? ☐ Yes ☐ No

16e. Is the previous organization still in business? ☐ Yes ☐ No

16f. Was the previous organization closed prior to acquisition? ☐ Yes ☐ No If Yes, date closed: _____

17. Enter below the amount of wages you have paid in Utah. If you have not paid wages enter "NONE".

	Jan. 1 to Mar. 31	Apr. 1 to Jun. 30	Jul. 1 to Sep. 30	Oct. 1 to Dec. 31
Current Year:				
Preceding Year:				

18. If you have not paid wages, do you expect to in the future? ☐ Yes ☐ No Estimated date: _____

Election of Method of Reporting and Payment

19. This election is available only to nonprofit organizations which have received the exemption for the Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code. If you are subject to the Act and have received the Federal Income Tax exemption, you are a Contributory employer unless you elect to reimburse the Unemployment Insurance Fund.

Important This decision must be made by an individual or individuals with the authority to make financial commitments for the organization. (Please read instructions carefully.)

☐ a. Reimbursement of Unemployment Benefits Paid

This organization elects to reimburse the Unemployment Compensation Fund an amount equal to the amount of any regular benefits and one-half of the extended benefits paid that are attributable to the service performed by former employees of this organization. This election requires the filing of quarterly employment and wage reports.

The initial election of "Reimbursement of Unemployment Benefits Paid" will remain in effect for a minimum of one calendar year. If a change in election of method is desired, submit a written notice not later than thirty (30) days prior to the beginning of the next calendar year. Subsequent elections remain in effect for a minimum of two calendar years. Section 35A-4-309 of the Utah Employment Security Act.

☐ b. Payment of Quarterly Contributions

This organization elects to file quarterly contribution (tax) reports and pay contributions on taxable wages as required by Section 35A-4-302 & 303 of the Utah Employment Security Act.

I certify that I am an authorized agent for the above organization and that the information contained in this report is true and correct.

Name

Title

Telephone Number

Date

Use this worksheet to record the total number of employees employed per week in the appropriate year.

Worksheet

Number of Employees			Number of Employees			Number of Employees			Number of Employees		
Week #	Current year	Previous Year	Week #	Current year	Previous Year	Week #	Current year	Previous Year	Week #	Current year	Previous Year
1			14			27			40		
2			15			28			41		
3			16			29			42		
4			17			30			43		
5			18			31			44		
6			19			32			45		
7			20			33			46		
8			21			34			47		
9			22			35			48		
10			23			36			49		
11			24			37			50		
12			25			38			51		
13			26			39			52		

INSTRUCTIONS

The Utah Employment Security Act provides that the Department of Workforce Services must determine the status, under the Act, of each business and each person independently established in a trade, occupation, or profession. This report is to be completed immediately and returned to P.O. Box 45288, Salt Lake City, Utah 84145-0288.

All items must be completed. If an item does not apply to your organization, enter N/A (Not Applicable).

- Item 1.** Indicate the type of ownership entity for your organization.
- Item 2.** Provide the complete legal name of your organization. If the organization is referred to commonly by some other name or initial, please provide the name. Provide the address where all official correspondence should be mailed.
- Item 6.** If there is more than one permanent worksite, please attach a separate sheet listing the name, address and telephone number of each site.
- Item 7.** Provide address, telephone and FAX numbers of location which is able to provide wage data, weeks of employment and other information about employees separated from your employment, if different from item 2.
- Item 8.** Provide the physical location in Utah (street address, city, & zip code), telephone and FAX numbers if different from item 2.
- Item 11.** Please describe in detail the nature of your organization's activities.
- Item 15.** The definition of wages is currently defined by Section 3306(b), of the Internal Revenue Code of 1986, with modifications, subtractions, and adjustments provided in Section 35A-4-208 Subsections (2), (3), and (4), of the Utah Employment Security Act with regard to how the wage base is determined. "Wages" means all remuneration for employment including commissions, bonuses, salaries or draws to corporate officers, tips and the cash value of all remuneration in any medium other than cash.
- Item 16.** If you acquired (in whole or in part) the activity previously conducted by another entity, please complete Items 16 - 16f. "Acquired" means to have obtained the use of the assets through any legal means. It is not necessary to purchase the assets in order to have acquired them nor is it necessary for your predecessor to have actually owned the assets for you to acquire the assets from him. An acquisition can include repossession, foreclosure, gift, sale, lease or sublease.
- Item 19.** This election is available only to nonprofit organizations which have received the exemption from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code. If you are subject to the Act and have received the Federal Income Tax exemption, you must elect a method of payment.
- Item 19A.** Selection of this option will require that your organization reimburse the Unemployment Insurance Fund for the actual amount of unemployment benefits paid to your former employees. You will receive a detailed billing each month showing the benefits paid to each individual for the prior month.
- Item 19B.** Selection of this option requires that your organization submits a quarterly contribution (tax) report and pays a quarterly contribution to the Unemployment Insurance Fund. The contribution (tax) is calculated by multiplying the taxable wages paid during the quarter by the contribution rate. The rate is initially determined by using an existing rate, which prevails for employers in your general business classification. After a fiscal year of experience (July 1 - June 30), your rate for the next calendar year will be determined by the experience or history of benefits being paid to your former employees, taxable wages from your organization for the same benefit period and unrecoverable benefit cost rate for fiscal year.

If additional information is needed, please select option 2 after calling either 801-526-9235 or 1-800-222-2857 (Instate toll free number).

FAX 801-526-9377.